



# CLIENT INFORMATION SHEET

Tax Year \_\_\_\_\_ Today's Date \_\_\_\_\_

Have you used Professional Tax Services before?  Yes  No If so, what year? \_\_\_\_\_

## Primary Taxpayer *(This person will be listed first on the tax return)*

Full Name \_\_\_\_\_ *(from Social Security Card)* Phone No. \_\_\_\_\_ *(best contact number)*

May we have permission to text you at this number  Yes  No

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_ Are you receiving health insurance coverage through an ACA Marketplace?  Yes  No

How did you hear about Professional Tax Services? \_\_\_\_\_

## Spouse

Full Name \_\_\_\_\_ *(from Social Security Card)* Phone No. \_\_\_\_\_ *(best contact number)*

May we have permission to text you at this number  Yes  No

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail \_\_\_\_\_ Are you receiving health insurance coverage through an ACA Marketplace?  Yes  No

Marital Status  Single  Married  Separated  Divorced  Widowed If Widowed, Date of Spouse's Death \_\_\_\_\_

If Separated, Date of Separation \_\_\_\_\_ If Separated, Spouse's SSN \_\_\_\_\_ Are you or can you be claimed as a dependent on someone else's tax return?  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All information I have given is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Taxpayer Signature*

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Date*

| Dependents First Name<br>(from Social Security Card) | Last Name<br>(if different) | SSN | Relationship | Months in Home<br>(this year) | Date of Birth | Fulltime Student? | Disabled? |
|--|-----------------------------|-----|--------------|-------------------------------|---------------|-------------------|-----------|
|  |                             |     |              |                               |               |                   |           |
|  |                             |     |              |                               |               |                   |           |
|  |                             |     |              |                               |               |                   |           |
|  |                             |     |              |                               |               |                   |           |
|  |                             |     |              |                               |               |                   |           |
|  |                             |     |              |                               |               |                   |           |

Proof of Dependent Residency

## CHECK OUT SLIP Preparer Use Only

### FEDERAL RETURN

|  |    |
|--|----|
| <input type="checkbox"/> EF - DD         | \$ |
| <input type="checkbox"/> EF - PaperCheck | \$ |
| <input type="checkbox"/> EF - Owes       | \$ |
| <input type="checkbox"/> Paper Return    |    |

### STATE RETURN

|  |    |
|--|----|
| <input type="checkbox"/> EF - DD         | \$ |
| <input type="checkbox"/> EF - PaperCheck | \$ |
| <input type="checkbox"/> EF - Owes       | \$ |
| <input type="checkbox"/> Paper Return    |    |

|                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Prior Year  |  |
| <input type="checkbox"/> Amended     |  |
| <input type="checkbox"/> S-Corp      |  |
| <input type="checkbox"/> Partnership |  |
| <input type="checkbox"/> Non-Profit  |  |
| <input type="checkbox"/> Other       |  |

**CLIENT OWES** (This must be paid before the return is E-Filed)

\$

**Amount Paid**

\$

**Date**

**Type**

**Posted by** (Preparer ID)

|                                       |    |
|---------------------------------------|----|
| <input type="checkbox"/> Bank Product |    |
| <b>Total Fees To Be Withheld</b>      | \$ |

|   |
|---|
| <input type="checkbox"/> Visa           |
| <input type="checkbox"/> Direct Deposit |

Check